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TENTH ANNUAL REPORT

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NEWFOUNDLAND MEDICAL CARE COMMISSION

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YEAR ENDING MARCH 31, 1979

DEPARTMENT OF HEALTH

St. John's, October 1979

TO THE HONOURABLE GORDON A. WINTER,
Lieutenant Governor of Newfoundland and Labrador.

May it please your Honour:

I have the honour to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1979.

Your obedient servant,

H. WALLACE HOUSE,
Minister of Health.

NEWFOUNDLAND MEDICAL CARE COMMISSION

St. John's, October 1979

TO THE HONOURABLE H. WALLACE HOUSE,
Minister of Health.

Honourable Sir:

I am pleased to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1979.

Respectfully submitted,

ROGER M. CROSBIE,
Chairman.

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the first decade

March 31, 1979 marked the completion of the tenth year of continuous operation of the Medical Care Insurance Plan (MCP) in Newfoundland.

In December, 1966 the Government of Canada passed the Medical Care Act. This Act gave legislative embodiment to a plan for insured medical services in Canada which was available to those provinces and territories wishing to participate.

The Newfoundland Government decided to participate in 1967 and action was begun which would lead to development and implementation of the Medical Care Plan.

In May, 1968 MCP was formally established by the passing of the Newfoundland Medical Care Insurance Act and on April 1, 1969 the plan went into operation.

There can be no doubt that the true significance of this accomplishment lies in the fact that every resident of Newfoundland and Labrador has been able to avail of the professional services of medical practitioners for the past ten years without the worry and financial hardship which medical bills can impose.

"The First Decade" proved to be an invigorating challenge to the Commission and the permanent staff who brought the plan to this milestone.

There have been many refinements in the legislative, policy and administrative mechanisms which govern its operations and the contributions of many people in the formulation and implementation of these must be recognized.

The first members of the Commission were: Chairman; the late Peter J. Gardiner, C.A., Vice-Chairman; Dr. J. A. McNamara, Members; Roy L. Cheeseman, James J. Halley, Q.C. and Dr. H. M. Twomey, Ex-officio Members; the Deputy Minister of Health, Dr. Leonard Miller and the Executive Director, Reginald E. Good.

Succeeding Chairmen were Miller Ayre, Verne Somers, Neville Ralph and Roger M. Crosbie.

Mr. Good, the first Executive Director, was succeeded by Roy C. Moores and Robert O. Peddigrew.

Dr. T. Arthur Knowling, the Commission's first Medical Director, was succeeded by Dr. Gregory F. Russell.

At March 31, 1979 twenty-three of the Commission's original complement of 66 employees were still on staff.

They are:- Gerald Attwood, Miss Janet Burry, Lester Butler, Jon Carnell, Miss Kathleen Colbert, Cyril Collins, Mrs. Audrey Coombs, Mrs. Jane Corbett, Mrs. Hazel Gladney, Mrs. Judith Hammond, Mrs. Glenys Harris, Nelson Harris, Mrs. Carole Kavanagh, John Mugford, Miss Marion Murphy, Mrs. Janet Norman, Mrs. Marie O'Keefe, Robert Peddigrew, Mrs. Lillian Sceviour, Ernest Shute, Robert Smith, Mrs. Eileen Squires, and Walter Thorne.

Undoubtedly, the knowledge and experience gained by these people during the past ten years will continue to serve the Commission well in the future.

It should also be noted that during "The First Decade" seven MCP employees retired.

They are:- Harold Bradley, Joseph Fowler, Dr. T. A. Knowling, Roy C. Moores, Mrs. Edna Ricketts, Harvey Skirving and Lloyd G. Vey.

In reviewing its administrative performance during the first ten years, the Commission refers with pride to a record of consistent progress and increased efficiency. While the annual volume of claims has grown from 818,000 to more than 2,000,000, there has been no increase in staff complement. Furthermore, while limiting computer production costs to the level of those incurred in the early 1970's, a vastly improved system of claims assessment and review has been developed and implemented.

During its first ten years of operation, the Commission has enjoyed an amicable relationship with the Newfoundland Medical Association and the Newfoundland Dental Association. While the total number of physicians in practice, both salaried and fee-for-service, has increased from 351 in 1969 to 642 in December 1978, the co-operative spirit of these organizations has also grown and contributed greatly to the success of the Newfoundland Medical Care Insurance Plan.

HIGHLIGHTS OF 1978-79 REPORT

- Volume of services increased by 5.8% to 2,615,563 as compared with an increase of 1.8% in the previous year.
- Total payments for insured services increased by 4.9% to $33,956,041 as compared with an increase of 3.6% in the previous year.
- Administrative costs decreased by 2.4% to $1,286,487 or 3.7% of total program expenditure.
- 97 physicians commenced practice and 89 physicians retired or left the province for a net gain of 8.
- A fee schedule increase of 6.1% was granted retroactive to January 1, 1978.

THE NEWFOUNDLAND MEDICAL CARE INSURANCE PLAN

the plan

The Newfoundland Medical Care Insurance Plan (MCP) provides coverage of medical services for all bona fide residents of the province. The plan is administered by the Newfoundland Medical Care Insurance Commission, appointed in accordance with Section 4 of the Newfoundland Medical Care Insurance Act, Chapter 265 of the Revised Statutes of Newfoundland, 1970 and the Commission is responsible to the Minister of Health.

The Medical Care Insurance Fund, authorized under Section 29 of the Act, is funded by monies voted by the legislature of Newfoundland. The Commission's fiscal period is April 1 to March 31 and its financial position relative to cost is reported on a full accrual basis.

The legislative framework of the plan is set out in the Medical Care Insurance Act, amendments to that Act and its various regulations. The responsibility for the administration of the plan is vested in a Commission appointed by the provincial government.

Medical Care Plan beneficiaries have complete freedom of choice as to which physician they consult. Physicians may either participate in the plan or opt out. A participating physician invoices MCP in accordance with a negotiated payment schedule. When a physician is non-participating, he retains the right to bill the patient directly at rates which may be greater than those listed in the payment schedule. MCP then reimburses the patient at payment schedule rates and the patient is responsible for any difference.

When services are rendered to MCP beneficiaries outside the province of Newfoundland, payment for insured services is made at MCP payment schedule rates. When the amount billed exceeds the amount payable, payment of the difference becomes the patient's responsibility.

Physicians' services insured under the plan are set out in the Newfoundland Medical Care (Insured Services) Regulations. These include:

- Visits in the office, hospital or home.
- Care and treatment before, during and after operations, including anaesthesia.
- Complete maternity care.
- Eye examinations performed by a physician.
- Specified surgical-dental procedures medically required to be performed in a hospital.

Not insured under the plan are:

- Examinations **not necessitated** by illness or at the request of a third party, e.g. annual check-up, employment medical, pre-school medical, etc.
- The difference between general practice and specialist rates for non-referred visits to a specialist.
- The services of optometrists, chiropractors, podiatrists, osteopaths, physiotherapists, nurses or other para-medical personnel.
- Plastic or other surgery for cosmetic purposes.
- Advice given by a physician to a beneficiary by telephone.
- Eye glasses, hearing aids, surgical applicances, wheel chairs, crutches, artificial limbs, etc.
- Drugs and vaccines.
- Transportation, mileage charges and ambulance charges.
- Services available to a resident under legislation covering Newfoundland Hospital Insurance, Worker's Compensation, Department of Veteran's Affairs, Royal Canadian Mounted Police and Canadian Armed Forces.

organization

MEMBERS
NEWFOUNDLAND MEDICAL CARE COMMISSION

31 MARCH 1979

CHAIRMAN	Roger M. Crosbie St. John's
VICE-CHAIRMAN	Dr. H. J. Blackwood St. John's
MEMBERS	Stephen Gallagher St. John's
	Miss Maureen Greene St. John's
	John Lloyd Gander
	John W. McGrath St. John's
	Mrs. Kathleen Neal Corner Brook
	George G. R. Parsons Portugal Cove
	Dr. P. A. Spurrell St. John's
	Dr. I. R. Woolfrey Grand Falls
EX-OFFICIO MEMBERS	
Executive Director	Robert O. Peddigrew
Assistant Deputy Minister of Health	Ambrose M. Hearn

SENIOR COMMISSION PERSONNEL

31 MARCH 1979

EXECUTIVE DIRECTOR	Robert O. Peddigrew
MEDICAL DIRECTOR	Dr. Gregory F. Russell
MANAGER, FINANCE & STATISTICS	Leonard J. Squires
SYSTEMS ANALYST/DESIGNER	Anthony Sheppard
MANAGER, CLAIMS PROCESSING	Mrs. Jane Corbett
MANAGER, MEDICAL AFFAIRS	Gerald Attwood
ADMINISTRATIVE OFFICER	Lester Butler
ASSESSMENT SUPERVISORS	
- IN PROVINCE CLAIMS	Miss Lorraine Healey
- OUT OF PROVINCE CLAIMS	Mrs. Hazel Gladney
SUPERVISOR, EDIT	John R. Mugford
SUPERVISOR, PUBLIC SERVICES	Nelson Harris
SUPERVISOR, CLAIMS REVIEW	Ernest Shute

COMMISSION

Section 18 of the Act makes provision for a Commission responsible to the Minister of Health and charges this Commission to 'be responsible to establish and administer a plan of medical care insurance for residents of Newfoundland'.

The Commission is comprised of ten voting members appointed by the Lieutenant-Governor in Council, three of whom are nominated by the Newfoundland Medical Association and two ex-officio members - the Deputy Minister of Health (or his representative) and the Executive Director of the Commission.

The membership of the Commission did not change during the year. Eight regular meetings were held and a number of sub-committees were formed to study and report on matters delegated by the main body. In addition, the following standing committees met throughout the year:

- **Joint Liaison Committee** - This committee continued its role as a forum to exchange information and discuss policies. Its value in liaison and communication between the Medical Association and MCP cannot be over-emphasized.

- **Advisory Committees** - The Medical and Dental Advisory Committees are committees of professionals who review difficult and contentious claims and make recommendations regarding payment.

- **Consultants' Committee** - This committee of physicians meets monthly to review the profiles of physicians' practices. These profiles, which are routinely produced on all physicians each quarter, were completely reviewed by this committee. Physicians showing deviation in their profiles were requested to give explanations and where necessary, on request of this committee, the physician effected a change in his/her practice profile.

- **Utilization Committee** - This committee reviews patient records which show high service volumes. This year those patients who have received services from a large number of different physicians were reviewed as a means of evaluating servicing and utilization patterns. The review was incomplete at the end of the year. However, to that point, patterns were generally considered satisfactory and no corrective action was considered necessary.

- **Tariff Development Committee** - This committee has been charged with the ongoing review of the payment schedule as well as the review of specific item recommendations. It is the intention of the Commission to effect a total schedule review toward easier and more effective claims processing and also toward the correction of areas of payment inequity within the schedule itself. These inequities are the result of fractional changes made to the payment schedule periodically since the inception of MCP.

• **Review of Payment Schedules** - Meetings between the negotiating committees of the Newfoundland Medical Association and the Commission which were ongoing at the close of last year resulted in agreement to a fee schedule increase of 6.1% effective April 1, 1978, with retroactive payment to January 1, 1978. A similar fee schedule increase was also negotiated between MCP and the Newfoundland Dental Association.

During the year the Commission's Beneficiaries and Enquiries Regulations were amended to make presentation of proof of eligibility a prerequisite for insurability. This change was enacted because of a growing administrative problem associated with processing of claims which did not contain patient identity numbers.

Newfoundland residents are now required to present valid MCP registration cards prior to receiving medical attention. Failure to do so may result in a direct charge to the patient by his/her physician.

In advance of implementation of this regulation, a comprehensive publicity program was conducted to inform beneficiaries of the change and to encourage persons whose cards had become lost or damaged to obtain replacements.

EXECUTIVE

The Executive Director is the chief executive officer of the Commission and is responsible for the overall administration of the plan. He reports to the Commission through the Chairman. Mr. Robert O. Peddigrew was appointed to this position on April 1, 1978.

The Commission's executive also includes the position of Medical Director. In addition to his internal role as director of Medical Affairs, the Medical Director acts as chief liaison officer in dealings with the medical profession. Dr. Gregory F. Russell continued to serve in this capacity.

FINANCE & STATISTICS

The Manager, assisted by an Administrative Officer and complemented by a staff of nine, plans, directs and controls the Commission's financial reporting and general administrative operations. Monthly financial statements are prepared by this department and presented to the Executive Director for Commission review.

The audited financial statements, which form part of this report, detail the results of the Commission's financial operations for the year ended March 31, 1979.

The department's secondary function is to plan and administer the Commission's statistical program. This consists of production of a variety of on-going monthly, quarterly and annual statistical reports as well as generation of special reports required in fee schedule negotiations, physician profile analysis, patient utilization studies, etc.

SYSTEMS

During the year a Systems Division evolved under the newly-created position of Systems Analyst/Designer. This division, with a total staff of three, is responsible for all aspects of computer utilization, claims control and system documentation.

Systems are designed and developed under the control of the Systems Analyst/Designer in conjunction with the manager of the user department. Computer production runs are submitted, verified and their output is distributed by the Senior and Junior Control Clerks.

The Senior Control Clerk maintains central control over all data under MCP's care.

CLAIMS PROCESSING

This department consists of four divisions which report to the Manager. Responsibilities of the department include beneficiary registration and claims processing. Total staff at year end numbered 34.

The following is a general description of the activities of each division:

(i) The Public Services Division, under the direction of the Public Services Supervisor, pursues all matters related to the maintenance of the MCP beneficiary masterfile. In addition to answering enquiries from the general public, this includes review and processing of applications for coverage, recording of name and address changes, issuance of MCP registration cards and processing of coverage cancellation forms.

(ii) The Edit Division, through its Supervisor, is responsible for the verification of claim data which fails to comply with a series of preliminary edit rules. The data capture and edit processes comprise the first stage of the claims processing cycle. They are performed by means of an optical character recognition device (OCR) which scans and interprets the hand-coded claims forms submitted by physicians. Errors and omissions are identified by the OCR edit program. Rejected claims are handled by a staff of six edit clerks. The erroneous documents are either corrected and resubmitted or returned to physicians for further clarification.

(iii) The In-Province Assessing Division, a staff of seven medical claims assessment clerks under the direction of a Claims Assessment Supervisor, conducts a manual review and investigation of all factors pertinent to each claim which fails to comply with computerized medical assessment rules.

(iv) The Out of Province Division is responsible for the assessment and processing of insured medical services received outside Newfoundland by MCP beneficiaries. Patient claims are manually reviewed prior to computer processing by a staff of eight who report to the Out of Province Supervisor. Claims of this type are paid according to the rates and regulations of the Newfoundland Medical Care Commission Payment Schedule.

A description of the MCP claims processing system follows on page 10.

MEDICAL AFFAIRS

This department, developed during 1978, is the responsibility of the Manager of Medical Affairs who reports to the Medical Director. The following major functions of the department are carried out by a staff of six:

- Payment schedule development (structure)
- Tariff development
- Servicing and utilization review
- Medical Advisory input
- Field services program
- Medical audit

Over the year an extensive review of the fee schedule structure and individual service item costs was conducted.

An expanded diagnostic coding system was prepared for implementation on April 1, 1979. This change from 189 to 999 fee code items (The International Classification of Diseases, Ninth Revision) has also been introduced in other provinces as a means of standardizing diagnostic input.

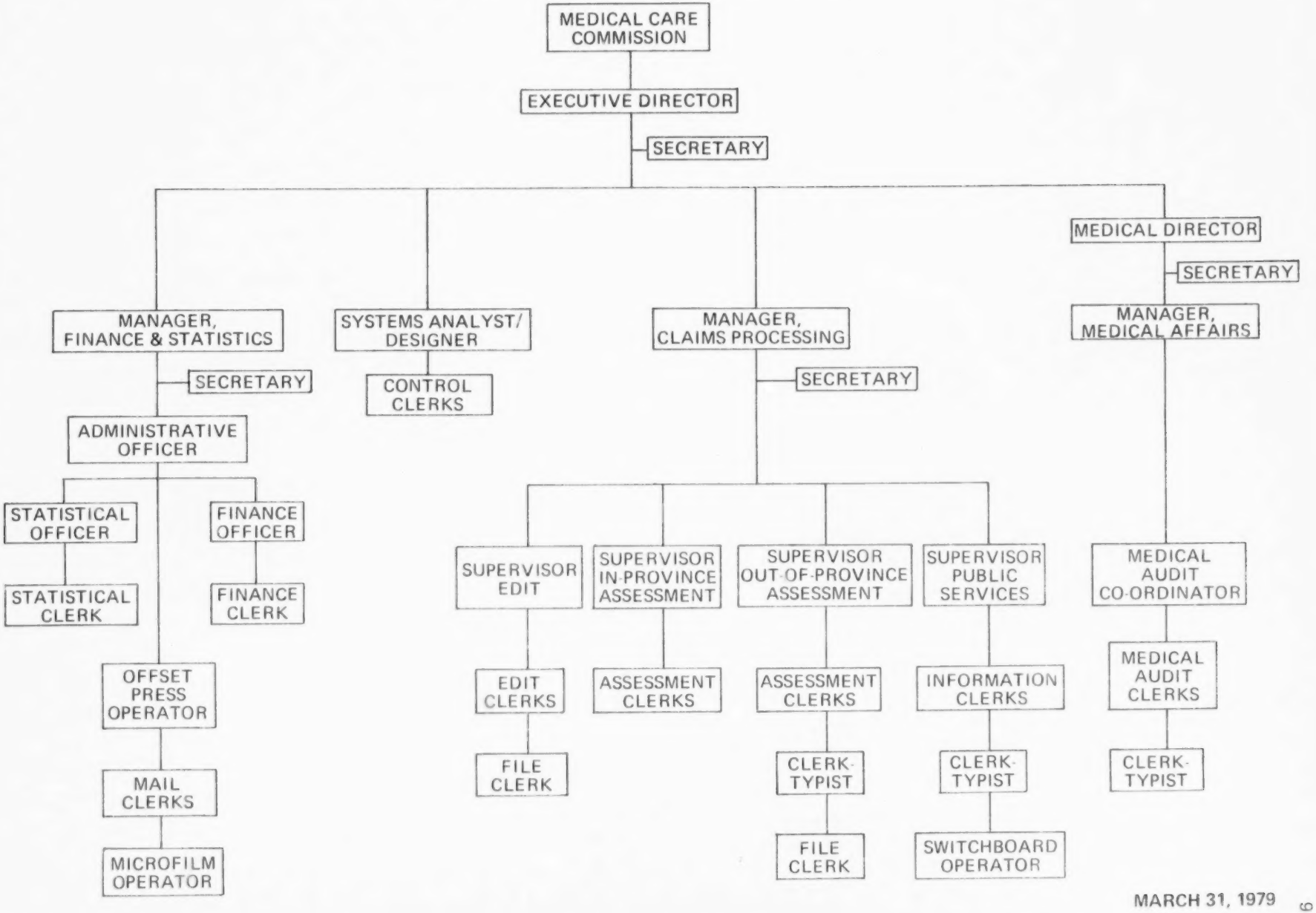
The Department of Medical Affairs also conducted an analysis of communication needs between physicians' offices and MCP. It was determined that current feedback of information was required in the area of claims preparation. Acting upon this, the department designed an extensive field service program for future implementation.

The division of Medical Audit is responsible for review and verification of medical services for which MCP has made payment. Throughout the year random reviews were carried out on all physicians with special reviews where indicated. Payments were recovered totalling $49,444, of which $44,064 represented claims that were the responsibility of the Worker's Compensation Board and $5,380 represented payments for services which were incorrectly claimed or were covered by sessional payment.

Possible third party liability claims were identified by this department and forwarded for settlement to the Department of Health who act on behalf of the Commission in this area. During the year $19,872 was received from the Department of Health in third party recoveries.

The Manager of Medical Affairs continued his involvement in the assessment of difficult and contentious claims.

ORGANIZATION CHART
NEWFOUNDLAND MEDICAL CARE COMMISSION



MARCH 31, 1979

CLAIMS PROCESSING SYSTEM

Claim forms designed to meet Optical Character Reader standards are provided by the Commission to both opted-in and opted-out physicians. Services rendered by a physician are billed in code form by the physician or his authorized staff. This is done in accordance with instructions provided at the time the physician registers with MCP. Periodic follow-up training is also conducted.

The claim form is designed so that the doctor may provide enough information about himself, the patient and the service(s) rendered, to allow a thorough computer assessment of the items claimed.

Claims are received, counted, date stamped and batched for daily processing.

The claims are forwarded three times per week to the computer centre, where they are optically scanned and edited. Approximately 12% of the 40,000 documents processed each week, are rejected for failure of edit rules. In the system, more than 65 edit rules are applied. Of the more than one hundred million characters of information which are read by the optical character reader each year, less than 1% reject because of poor figure formation.

Approximately 75% of all rejected claims are corrected by MCP staff, while the remainder are returned to physicians for further clarification or correction.

Those claim forms which comply with the edit rules are recorded, sequentially numbered by the optical reader for future reference and returned to MCP for microfilming.

Magnetic tapes containing the accepted claim information then become input to a daily assessment program. This program performs a series of checks (32 rules) on the physician and fee claimed.

Claim items which fail physician and fee assessment are printed on turnaround documents. These documents provide all the information contained on the original claim forms including the reference number of the original document. Turnaround documents are then assigned to junior assessment clerks, who either correct the item which failed and re-enter the turnaround documents or return the original claims to the doctor with an explanatory letter.

The items which pass physician and fee assessment are stored on magnetic tape for a further assessment of patient history on a weekly basis. Again, those items which fail at this point, generate turnaround documents for review by assessors. These rejects are assigned to intermediate or senior assessors as determined by complexity. There are more than seventy rules applied at the patient history stage.

Claim items, which satisfy all criteria of the weekly patient assessment program, are stored on tape until month end, at which time this tape is used to generate physician and patient cheques.

The flow of all data is controlled and recorded by the control section.

Original source documents and recent turnaround documents are kept on file for three months while copies of older claim forms, turnaround documents and adjustment forms are available from microfilm.

MCP MASTER FILE MAINTENANCE SYSTEM

The major portion of the master file maintenance system is devoted to updating the patient master and history files. These files contain information which permits determination of eligibility and accurate assessment of claims.

Patient registration, change and lost card request forms are received by the Public Services office on a daily basis. Each week, the forms are forwarded to Newfoundland and Labrador Computer Services where the Patient Master and Patient History Files are updated.

DEPARTMENT OF THE AUDITOR GENERAL
ST. JOHN'S, NEWFOUNDLAND

AUDITOR'S REPORT

To the Chairman and Members,
The Newfoundland Medical Care
Commission,
St. John's, Newfoundland.

I have examined the balance sheet of The Newfoundland Medical Care Commission as at 31 March 1979 and the statement of revenue and expenditure for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1979 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

D. E. Howley, C. A.,
Auditor General.

St. John's, Newfoundland
9 May 1979

STATISTICAL TABLES
DATA DEFINITIONS

STATISTICAL TABLE 1 reflects the distribution of payments by the type of payment for each specialty. The number of physicians and dentists is based on the number who received a payment within the fiscal year. Bracketed figures represent the number of salaried physicians.

STATISTICAL TABLE 2 reflects categories of insured services rendered by fee-for-service physicians by specialty. Time units refer to fifteen minute time units spent in anaesthesia and surgical assistance.

STATISTICAL TABLE 3 reflects average insured service payments to fee-for-service physicians by specialty for the following:

(A) Full-Time: All physicians who received a minimum of eleven monthly payments totalling more than $20,000 in the fiscal period.

(B) Active: All physicians who received a minimum of $5,000 in fee-for-service payments in the fourth fiscal quarter.

(C) $20,000 Plus: All physicians who received more than $20,000 in fee-for-service payments during the fiscal year.

(D) All Physicians: All physicians who received a fee-for-service payment during the fiscal year greater than their income from salary and/or sessional payments.

Bracketed figures represent numbers of physicians.

STATISTICAL TABLE 4 reflects physician counts by level of gross payment to full-time fee-for-service physicians by specialty.

STATISTICAL TABLE 5 reflects physicians and dentists registered with MCP as of December 31, 1978, by district.

STATISTICAL TABLE 6 reflects physicians and dentists registered with MCP for the years December 31, 1969 to December 31, 1978.

STATISTICAL TABLE 7 reflects on a fee-for-service basis the level of services by number of patients and also the percentage of total patients.

At high service levels (20+ services), the table indicates the number of physicians visited by each patient in the various groups and the number of services rendered to each group.

Total number of patients seen at all levels	362,605
Total number of services rendered at all levels	2,538,318

STATISTICAL TABLE 8 reflects the claims processing results for the year 1978-79.

STATISTICAL TABLE 9 is a summary of costs for the years 1969-1979.

TABLE 1

DISTRIBUTION OF PAYMENTS BY TYPE OF PAYMENT BY SPECIALTY 1978-79

Specialty	Physicians & Dentists		Fee-For-Service Payments	Salaried Payments	Sessional Payments	Total Payments	% Total Payments
General Practice	519	(288)	$12,933,567	$5,248,813	$394,105	$18,576,485	54.9
Anaesthesia	65	(30)	1,321,530	186,309	153,820	1,661,659	4.9
Dermatology	3	(1)	84,330	4,172	–	88,502	0.3
Surgery (General, Plastic & Neuro.)	51	(9)	2,931,038	170,261	48,490	3,149,789	9.3
Internal Medicine	53	(6)	2,447,178	65,611	43,625	2,556,414	7.6
Neurology	4	–	210,791	–	16,255	227,046	0.7
Obstetrics & Gynaecology	26	(6)	1,450,794	94,916	3,200	1,548,910	4.6
Ophthalmology	25	(12)	524,026	808	61,825	586,659	1.7
Orthopaedic Surgery	12	(2)	817,660	39,393	24,900	881,953	2.6
Otolaryngology	6	(1)	570,566	44,283	–	614,849	1.8
Paediatrics	35	(7)	968,476	83,255	49,225	1,100,956	3.3
Psychiatry	30	(13)	1,145,872	279,371	67,055	1,492,298	4.4
Urology	8	–	487,259	–	3,500	490,759	1.4
Total Physicians	837	(375)	25,893,087	6,217,192	866,000	32,976,279	97.5
Dental Surgery	59	–	430,992	–	–	430,992	1.3
Out of Province	–	–	421,130	–	–	421,130	1.2
Totals	896	(375)	26,745,209	6,217,192	866,000	33,828,401	
% of Totals			79.1	18.4	2.5		

see statistical table definitions page 19

TABLE 2

ITEMS OF SERVICE BY SPECIALTY BY TYPE OF SERVICE 1978-79

Specialty	Consultations & Assessments	Office Visits	Home Visits	Hospital Visits	Diagnostic Therapeutic Procedures	Obstetrics	General Surgery	Time Units	Dental Surgery	Totals	% of Totals
General Practice	83,775	1,222,432	77,562	212,768	49,229	11,985	32,180	47,874	1,844	1,739,649	68.5
Anaesthesia	125	7	–	472	4,225	2,202	19,726	106,633	2,619	136,009	5.4
Dermatology	2,430	773	–	2,047	109	–	307	–	–	5,666	0.2
General Surgery	19,657	10,337	1,313	28,639	669	310	18,511	1,844	7	81,287	3.2
Internal Medicine	27,383	8,810	137	88,642	21,147	–	2,715	–	–	148,834	5.9
Neurology	4,671	76	10	4,725	7	–	4	–	–	9,493	0.4
Neurosurgery	2,483	329	–	3,531	9	–	546	–	6	6,904	0.3
Obstet. & Gynae.	17,772	18,731	506	8,955	321	6,626	6,590	236	–	59,737	2.4
Ophthalmology	23,131	5,857	3	1,520	113	–	744	–	–	31,368	1.2
Orthopaedic Surgery	14,996	4,854	9	15,645	577	–	4,323	54	–	40,458	1.6
Otolaryngology	10,813	7,564	6	1,053	321	–	6,149	57	1	25,964	1.0
Paediatrics	18,949	10,677	405	36,848	20,296	1	264	50	–	87,490	3.4
Plastic Surgery	1,822	393	–	3,069	6	–	2,336	–	86	7,712	0.3
Psychiatry	8,757	40,991	187	36,679	2,523	–	–	–	–	89,137	3.5
Urology	4,728	1,015	–	5,376	144	–	4,629	103	–	15,995	0.6
Dental Surgery	–	–	–	–	–	–	4	–	52,611	52,615	2.1
Totals	241,492	1,332,846	80,138	449,969	99,696	21,124	99,028	156,851	57,174	2,538,318	
% of Totals	9.5	52.5	3.2	17.7	3.9	0.8	3.9	6.2	2.3		

see statistical table definitions page 19

TABLE 3

AVERAGE GROSS PAYMENTS TO FEE-FOR-SERVICE PHYSICIANS 1978-79

	(A) FULL-TIME		(B) ACTIVE		(C) $20,000 PLUS		(D) ALL PHYSICIANS	
GENERAL PRACTICE	(157)	$ 75,962	(180)	$ 70,192	(186)	$ 69,386	(231)	$ 57,117
St. John's	(61)	67,459	(69)	62,628	(73)	61,054	(92)	49,719
Corner Brook	(15)	79,317	(15)	79,316	(16)	76,426	(18)	67,997
Grand Falls	(11)	88,635	(11)	88,634	(12)	84,159	(14)	73,587
Carbonear	(6)	80,278	(7)	73,563	(7)	73,564	(8)	65,415
Labrador	(4)	70,661	(5)	64,355	(5)	64,355	(10)	33,553
Gander	(8)	75,186	(9)	71,843	(11)	64,723	(12)	59,499
Other Districts	(52)	82,317	(64)	72,894	(62)	75,280	(77)	62,246
ANAESTHESIA	(13)	70,896	(20)	61,261	(23)	57,155	(35)	38,862
MEDICAL SPECIALISTS	(42)	82,445	(74)	62,600	(73)	64,516	(98)	50,464
Dermatology	(1)	*	(1)	*	(1)	*	(2)	42,165
Internal Medicine	(21)	80,981	(35)	66,658	(37)	64,666	(47)	52,243
Neurology	(2)	84,421	(3)	69,576	(3)	69,576	(4)	56,762
Paediatrics	(9)	73,704	(19)	46,980	(15)	58,101	(28)	36,264
Psychiatry	(9)	95,149	(16)	70,281	(17)	68,425	(17)	68,425
SURGICAL SPECIALISTS	(56)	101,397	(73)	88,079	(72)	91,468	(98)	69,729
Surgery - Plastic	(2)	142,437	(2)	142,437	(2)	142,437	(2)	142,437
- Neuro.	(2)	94,850	(2)	94,850	(2)	94,850	(2)	94,850
- General	(20)	93,715	(29)	79,932	(28)	84,865	(38)	65,300
Obstetrics & Gynaecology	(11)	104,686	(16)	87,762	(16)	88,331	(20)	72,678
Ophthalmology	(5)	88,321	(7)	68,836	(6)	77,742	(13)	40,310
Otolaryngology	(3)	159,825	(3)	159,825	(4)	138,630	(5)	113,313
Orthopaedic Surgery	(7)	110,081	(8)	98,165	(8)	103,430	(10)	84,256
Urology	(6)	81,028	(6)	81,058	(6)	81,028	(8)	61,345
ALL SPECIALISTS	(111)	90,654	(167)	73,578	(168)	75,136	(231)	56,879
ALL PHYSICIANS	(268)	82,047	(347)	71,821	(354)	72,115	(462)	56,998

* single specialist amounts deleted

see statistical table definitions page 19

TABLE 4

LEVEL OF GROSS PAYMENTS TO FULL-TIME FEE-FOR-SERVICE PHYSICIANS BY SPECIALTY

GROSS PAYMENTS APRIL 1978 - MARCH 1979	ANAESTHESIA	DERMATOLOGY	SURGERY (GENERAL, PLASTIC & NEUROSURG.)	INTERNAL MEDICINE	NEUROLOGY	OBSTETRICS AND GYNAECOLOGY	OPHTHALMOLOGY	OTOLARYNGOLOGY	ORTHOPAEDIC SURGERY	PAEDIATRICS	PSYCHIATRY	UROLOGY	SUB-TOTALS	GENERAL PRACTICE	TOTALS	% OF TOTALS
$ 20,001 - 30,000		*		1									1	3	4	1.5
30,001 - 40,000		*	1	1									2	7	9	3.3
40,001 - 50,000	1	*								1			2	11	13	4.8
50,001 - 60,000	2	*	1	2						1			6	13	19	7.1
60,001 - 70,000	4	*	2	1	1	1				1	2	2	14	22	36	13.4
70,001 - 80,000	1	*	3	6			1			3	2	1	17	32	49	18.7
80,001 - 90,000	2	*	4	3		1	2			1		1	14	34	48	17.9
90,001 - 100,000	3	*	4	5		2	2		2	1	2	1	22	17	39	14.6
100,001 - 110,000		*	2		1	3			1	1		1	9	9	18	6.7
110,001 - 120,000		*	1			3			2		1		7	5	12	4.5
Over $120,000		*	6	2		1		3	2		2		16	4	20	7.5
TOTALS	13	1	24	21	2	11	5	3	7	9	9	6	111	157	268	

* single specialist payment category deleted

see statistical table definitions page 19

PHYSICIANS AND DENTISTS REGISTERED WITH MCP AS OF DECEMBER 31, 1978

TABLE 5

DISTRICTS	PRIVATE PRACTICE	SALARIED	RADIOLOGY	PATHOLOGY	ADMIN.	TOTAL PHYSICIANS	DENTISTS
Baie Verte	1	7	1	x	x	9	2
Bell Island	1	2	x	x	x	3	1
Bonavista	2	6	x	x	x	8	2
Bonne Bay	x	5	x	x	x	5	x
Botwood	1	5	x	x	x	6	x
Brookfield	x	4	x	x	x	4	x
Burgeo	x	4	x	x	x	4	x
Burin	5	3	x	x	x	8	2
Carbonear	14	1	1	x	x	16	3
Channel	1	2	x	x	x	3	2
Come By Chance	7	4	x	x	x	11	3
Ferryland	3	2	x	x	x	5	x
Fogo	x	2	x	x	x	2	x
Gander	25	11	x	1	x	37	5
Grand Bank	2	2	x	1	x	5	2
Grand Falls	18	4	2	x	x	24	6
Harbour Breton	1	9	x	x	x	10	1
Harbour Grace	4	x	x	x	x	4	1
Harbour Main	9	x	x	x	x	9	3
Humber	44	12	2	1	1	60	7
I.G.A. Newfoundland	x	23	x	1	x	24	2
I.G.A. Labrador	x	11	x	x	x	11	1
Labrador	15	x	x	x	x	15	5
Markland	1	3	x	x	x	4	4
Old Perlican	1	5	x	x	x	6	x
Placentia	2	3	x	x	x	5	1
Port de Grave	4	x	x	x	x	4	1
Springdale	3	4	x	x	x	7	2
Stephenville	13	13	x	x	x	26	3
St. John's	273	30	10	7	16	336	34
St. Lawrence	x	3	x	x	x	3	x
St. Mary's	x	2	x	x	x	2	x
Trinity	x	2	x	x	x	2	x
Twillingate	1	7	x	x	x	8	x
TOTALS	451	191	16	11	17	686	93

see statistical table definitions page 19

TABLE 6

PHYSICIANS AND DENTISTS REGISTERED WITH MCP 1969-1978

YEAR ENDING	PRIVATE PRACTICE	SALARIED	RADIOLOGY	PATHOLOGY	ADMINISTRATION	TOTAL PHYSICIANS	DENTISTS
31/12/69	221	149	15	17	19	421	54
Net 1970	+29	-7	+1	-3	+1	+21	+5
31/12/70	250	142	16	14	20	442	59
Net 1971	+22	+6	-1	+1	-2	+26	-1
31/12/71	272	148	15	15	18	468	58
Net 1972	+20	+3	+1	-1		+23	+9
31/12/72	292	151	16	14	18	491	67
Net 1973	+8	+9		-1		+16	+3
31/12/73	300	160	16	13	18	507	70
Net 1974	+71				-2	+69	+1
31/12/74	371	160	16	13	16	576	71
Net 1975	+19	+10	+3	+1	-2	+31	-3
31/12/75	390	170	19	14	14	607	68
Net 1976	+14	+14		-2	+3	+29	+14
31/12/76	404	184	19	12	17	636	82
Net 1977	+30	+6		+1	+5	+42	+13
31/12/77	434	190	19	13	22	678	95
Net 1978	+17	+1	-3	-2	-5	+8	-2
31/12/78	451	191	16	11	17	686	93

see statistical table definitions page 19

TABLE 7

PATIENT SERVICE LEVELS 1978-79

Level of Services per Patient	Number of Patients	% of Total Patients
1 - 5	237,677	65.5
6 - 10	71,722	19.8
11 - 15	28,666	7.9
16 - 19	10,925	3.0
20 +	13,615	3.8

HIGH SERVICE LEVEL PATIENT FLOW

Number of Physicians Seen		1	2	3	4-6	7-10	11-14	15+	Total	%
Services Per Patient										
20 - 24	Patients	222	533	877	3,112	1,438	107	5	6,294	1.74
	Services	4,807	11,534	19,004	67,739	31,547	2,389	114	137,134	
25 - 29	Patients	64	201	339	1,432	1,023	167	8	3,234	.89
	Services	1,718	5,317	9,086	38,176	27,496	4,531	212	86,536	
30 - 34	Patients	34	69	139	648	583	143	13	1,629	.45
	Services	1,080	2,167	4,407	20,538	18,528	4,572	418	51,710	
35 - 39	Patients	14	35	56	297	317	101	24	844	.23
	Services	515	1,289	2,066	10,940	11,659	3,732	887	31,088	
40 - 44	Patients	11	23	33	172	184	51	26	500	.14
	Services	460	961	1,380	7,208	7,694	2,137	1,093	20,933	
45 - 49	Patients	8	14	18	99	119	50	19	327	.09
	Services	379	654	847	4,630	5,575	2,357	885	15,327	
50 +	Patients	15	31	43	172	245	155	126	787	.22
	Services	826	2,158	3,298	12,175	17,051	11,038	10,106	56,652	
TOTAL	Patients	368	906	1,505	5,932	3,909	774	221	13,615	3.76
	Services	9,785	24,080	40,088	161,406	119,550	30,756	13,715	399,380	

see statistical table definitions page 19

TABLE 8

PROCESSING RESULTS
1978-79

CLAIMS (IN-PROVINCE)

Received from physicians	2,002,454
% Increase over previous year	6.2%
Returned to physicians	71,801
Items of service paid	2,615,563
% Increase over previous year	5.8%
Rejected claims -	
Edit	12.4%
Medical Assessment	3.2%

CLAIMS AND ENQUIRIES (OUT OF PROVINCE)

Claims paid	16,943
Increase (decrease) over previous year	(12.2%)
Enquiries and non-payable claims	5,628

PATIENT REGISTRATION

New registrations	20,100
Registration updates	44,000
Card replacements	16,000

see statistical table definitions page 19

TABLE 9

SUMMARY OF COSTS
1969-1979

	Cost of Insured Services	Annual % Increase (Decrease)	Administrative Costs	Annual % Increase (Decrease)	Total Costs	Annual % Increase (Decrease)
1969-70	$12,262,800	-	$ 971,800	-	$13,234,600	-
1970-71	14,969,600	22.7	772,700	(20.5)	15,742,300	18.9
1971-72	15,763,000	5.3	812,500	5.2	16,575,500	5.3
1972-73	17,586,800	11.6	938,300	15.5	18,525,100	11.8
1973-74	20,197,800	14.8	974,900	3.9	21,172,700	14.3
1974-75	23,235,500	15.0	1,020,000	4.6	24,255,500	14.6
1975-76	27,310,900	17.5	1,134,700	11.2	28,445,600	17.3
1976-77	31,257,100	14.4	1,191,000	5.0	32,448,100	14.1
1977-78	32,383,500	3.6	1,318,700	10.7	33,702,300	3.9
1978-79	33,956,000	4.9	1,286,500	(2.4)	35,242,500	4.6

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